

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018844

STATE FILE NUMBER

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 77

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 7 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada | | Length of stay in 1b 3 mths. 4 d. | c. CITY OR TOWN Freeman |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 3 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside. on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First George Middle Blair Last McGill | | 4. DATE OF DEATH Month May Day 2 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/8/1882 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY West Line, Missouri | 9. AGE (last birthday) 80 |
| 13a. FATHER'S NAME Lewis Gasaway McGill | | 13b. MOTHER'S MAIDEN NAME Sarah Adaline Morrison | 14. NAME OF HUSBAND OR WIFE Mary Elizabeth McGill |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Hospital records | |
| 17. INFORMANT Hospital records | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis Years Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus Years DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome Associated With Cerebral Arteriosclerosis, With Psychotic Reaction. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month: <input type="checkbox"/> Day: <input type="checkbox"/> Year: <input type="checkbox"/> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. attended the deceased from January 28, 1963 to May 2, 1963 and last saw him alive on May 2, 1963 Death occurred at 11:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Blair McGill M.D.</i> | | 22b. ADDRESS State Hospital No. 3 | |
| 22c. DATE SIGNED 5/2/63 | | (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 5/2/1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery | | 23d. LOCATION (City, town, or county) Freeman, Missouri | |
| 24. FUNERAL DIRECTOR Atkinson Dickey Harrisonville, Mo. | | 25. DATE RECD. BY LOCAL REG. 5-4-1963 | |
| 26. REGISTRAR'S SIGNATURE <i>Anna S. Jorg</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1963

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STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert W. Gekken

Licensed Embalmer No. 7902
P. O. Address Harrisville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.